DOLE/BWC/HSD/OH-47-A

Republic of the Philippines
DEPARTMENT OFLABOR AND EMPLOYMENT
National Capital Region

ANNUAL MEDICAL REPORT FORM

For Period January 1, 20 14 to December 31, 20___

1. Name of Establishment: ASIA INSURANCE (PHILIPPINES) CORPORATION
2. Address: 15th FLR., TYTANA PLAZA BLDG., PLAZA LORENZO RUIZ, BINONDO, MLA.
3. Name of Owner/Manager: MRS. RODELIA P. ALFONSO - VP & CFO
4. Nature of Business and Production/Service (Ex. Manufacturing Textile): NON-LIFE INSURANCE OFFICE
5. Total Number of Employees: 75 **Number of Shifts:** 1 (8:30 - 5:30)
6. Number Distribution of Employees as to nature/workplace, sex and workshift:

	Office	Production/Shop		
		1st Shift	2nd Shift	3rd Shift
Male :	27			
Female:	48			
Total :	75			

7. Preventive Occupational Health Services: (Check or Cross)

☐0 Occupational health services is organized/provided by:
- (✓) the establishment/undertaking
- ( ) government authority/institution
- ( ) other bodies/groups/institution (specify) _____

☐0 Occupational health services as described under number 7a above, is organized/provided as a Service:
- (✓) solely for the workers of the establishment/undertaking
- ( ) common to a number of establishments/undertakings _____

☐0 The employer engages the services of:
- ( ) Occupational Health Practitioner
  - Name _____
  - Address _____
- ( ) Occupational health physician
  - Name _____
  - Address _____
- ( ) Occupational health dentist
  - Name _____
  - Address _____
- (✓) Occupational health nurse
  - Name : MS. HERSHIE S. FLORES
  - Address : # 27 INT. M. NATIVIDAD FERNANDO ST., NAVOTAS CITY

☐0 The occupational health physician/practitioner/nurse/personnel conducts an inspection of the workplace:
- ( ) once every month
- ( ) once every two (2) months
- ( ) other details _____
- (✓) once every three (3) months
- ( ) once every six (6) months

8. Emergency Occupational Health Services:

☐0 The employer provides a treatment room/medical clinic in the workplace with medicines and facilities:
- (✓) yes
- (✓) others, please specify treatment room/admin room with medicines/basic emergency kit/box, & tools

DEPARTMENT OF LABOR AND EMPLOYMENT NATIONAL CAPITAL REGION MANILA FIELD OFFICE RECEIVED BY: RYAN ROBERT [illegible] REYES Date: SEP 01 2015 Time: Work shift 12:00

☐0 Schedule of attendance in the workplace:

Occupational health physician	: _____	hrs./day	_____
Occupational health dentist	: _____	hrs./day	_____
Occupational health practitioner	: _____	hrs./day	_____
Occupational health nurse	: 8	hrs./day	8:30 - 5:30

□0 Schedule of attendance of full time first aider:
- (✓) 1st work shift 8:30 - 5:30
- ( ) 2nd work shift
- ( ) 3rd work shift

□0 The following occupational health personnel of the establishment have undergone training in occupational health and safety/first aid:
- ( ) occupational health physician
- ( ) occupational health dentist
- (✓) occupational health nurse
- (✓) first aider
- ( ) others, please specify _____

9. Occupational Health Services:

□0 The occupational health personnel of this establishment conducts regular appraisal of the sanitation system in the workplace::
(✓) yes ( ) no

□0 Number of workers who underwent the following medical examination:

ANNUAL	Physical Exam 75	X-Rays 75	Urinalysis 75
1. Pre-placement			
2. Periodic			
3. Return-to-work			
4. Transfer			
5. Special			
6 Separation			

	Stool Exam 75	Blood Test 75	ECG 75	Others
1. Pre-placement				
2. Periodic				
3. Return-to-work				
4. Transfer				
5. Special				
6. Separation				

10. Report of Diseases:

□0 Number of consultations/treatments for the following diseases:

	Male	Female	Total Number of Cases
Skin:			
(✓) allergy		7	7
( ) dermatoses			
( ) infection as folliculitis abscess/paro nychia			
( ) Others			
Head:			
( ) tension headache			
( ) Others			
Eyes:			
(✓) error of refraction		3	3
( ) bacterial/viral conjunctivities			
( ) cataract			
( ) Others			
Mouth & ENT:			
( ) Gingivitis			
( ) Herpes labiales/nasalis			
( ) Otitis Media/Externa			
( ) Deafness			
( ) Menlere's Syndrome/Vertigo			
(✓) Rhinitis/Colds	3	4	7
( ) Nasal Polyps			
(✓) Sinusitis		2	2
(✓) Tonsillopharyngitis		2	2
( ) Laryngitis			
(✓) Others (DENTAL FILLING/MISSING TOOTH/NALASE PAPILLAE/THYROID/DENTAL CARRIES/RETAINED CERUMEN)	3	6	9
Respiratory:			
( ) Bronchitis			
(✓) Bronchial asthma		1	1
( ) Pneumonia			

( ) Tuberculosis				
( ) Pneumoconiosis				
(✓) Others (Pulmonary Fibrosis)		1		1
Heart and Blood Vessel:				
(✓) Hypertension		2	1	3
( ) Hypotension				
( ) Angina Pectoria				
( ) Myocardial Infraction				
( ) Vascular disturbances in extremeties due to continuous vibration				
(✓) Others (Atheromatous Aorta/ Cardiomegaly / Dextrocardia/Antero Septal wall / Suspicious Densities)		2	8	10
Gastrointestinal:				
( ) gastroenteritis/darrhea				
( ) amoebiasis				
(✓) gastritis/hyperacidity		2		2
( ) appendicitis				
( ) infectious hepatitis				
( ) liver cirrhosis				
( ) hepatic abscess				
( ) cancer (hepatic/gastric)				
( ) ulcer				
( ) Others				

	Male	Female	Total Number Of Cases
Genito Urinary:			
(✓) Urinary tract infection		15	15
( ) Stones			
( ) Cancer			
(✓) Others / Calcium Oxalate		1	1
Reproductive:			
( ) Dysmenorrhea			
( ) Infection (Cervicitis) (vaginitis)			
( ) Abortion (Spontaneous) (Threatened)			
( ) Hyperemesis Gravidarium			
( ) Uterine Tumors			
( ) Cervical Polyp/Cancer			
( ) Ovarian Cyst/Tumors			
( ) Sexually-Transmitted diseases			
( ) Hernia (Inguinal) (Femoral)			
( ) Others			
Neuromuscular/Skeletal/Joints:			
( ) Peripheral Neuritis			
( ) Torticollis			
(✓) Arthritis	1	2	3
(✓) Others / Gouty		1	1
Lymphatics and Circulatory:			
( ) Anemia			
( ) Leukemia			
( ) Cerebrovascular Accidents			
( ) Lymphadenitis			
( ) Lymphoma			
Infectious Diseases:			
( ) Influenza			
( ) Typhoid/paratyphoid fever			
( ) Cholera			
( ) Measles			
( ) tetanus			
( ) Malaria			
( ) Schistosomiasis			
( ) Herpes Zoster			
( ) Chicken Pox			
( ) German Measles			

( ) Rabies _____ _____ _____
( ) Others _____ _____ _____

Diseases due to Physical Environment:

□0 **Diseases due to Noise and vibration**

( ) Deafness (noise induced) _____ _____ _____
( ) White fingers disease _____ _____ _____
( ) Musculo-skeletal disturbances _____ _____ _____
( ) Fatigue _____ _____ _____

□0 **Diseases due to Temperature And Humidity abnormalities:**

Hot Temperature:
( ) heat strokes _____ _____ _____
( ) heat cramps _____ _____ _____
( ) dehydration _____ _____ _____
( ) heat exhaustion _____ _____ _____
( ) others _____ _____ _____

Cold Temperature:
( ) Chilblain _____ _____ _____
( ) frost bite _____ _____ _____
( ) immersion foot _____ _____ _____
( ) general hypothemia _____ _____ _____
( ) others _____ _____ _____

□0 **Diseases due to Pressure Abnormalities:**

( ) Decompression Sickness:
( ) air emboism _____ _____ _____
( ) bends disease _____ _____ _____
( ) barotrauma _____ _____ _____
( ) hypoxia _____ _____ _____
( ) altitude sickness _____ _____ _____

	Male	**Female**	**Total Number of Cases**

□0 **Diseases due to radiation:**

( ) cataracts _____ _____ _____
( ) keratitis _____ _____ _____
( ) burns _____ _____ _____
( ) radiation-related cancers _____ _____ _____

TOTAL NUMBER _____ _____ _____

11. Report of Occupational Accidents/Injuries:

Nature	**Male**	**Female**	**Number of Cases**
Contussion, bruises, hematoma		_____	_____
Abrasions	_____	_____	_____
Cuts, lacerations, punctures	_____	_____	_____
Concussion	_____	_____	_____
Avulsion	_____	_____	_____
Amputation, loss of body parts	_____	_____	_____
Crushing Injuries	_____	_____	_____
Spinal injuries	_____	_____	_____
Cranial Injuries	_____	_____	_____
Sprains	_____	_____	_____
Dislocation/Fractures	_____	_____	_____
Burns	_____	_____	_____

□0 **Immunization Program (Indicate number immunized)**

	Male	**Female**	**Total**
Tetanus Toxoid Injection	_____	_____	_____
Tetanus Antitoxin Injection	_____	_____	_____
Tetanus Globulin Injection	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____
Rables Vaccine	_____	_____	_____
Others (Please specify)	_____	_____	_____

13. Keeping of Medical records of Workers (Please check)

(✓) done ( ) not done

14. Health Education and Counselling by Health and Safety Personnel: (Please check one ormore)

( ) done individually as each worker comes to the clinic for consultation.
( ) done in organized group discussions/seminars.
(✓) done with the use of visual displays and/or promotional materials, leaflets, etc.

15. Other Health Programs: (Please check)

Kinds of Program	Seminar	Use of Visual Aid/Materials	Counselling
Nutrition Program			
Maternal and Child Care Program			
Family Planning Program			
Mental Health Activities			
Personal Health Maintenance			

Physical fitness Program: (Please check)

Sports Activities ( ) Yes ( ) No
Others (Please specify) (✓) Yes ( ) No
TAEBO / AEROBICS

16. Hazards in the workplace: (Please check and give details of the substance)

	Substances and/or Sources	Number of workers exposed
a) Chemical Hazards:		
( ) dust (Ex. Silica dust)	_____	_____
( ) liquids (Ex. Mercury)	_____	_____
( ) mist/fumes/vapors (Ex. Mist from paint spraying)	_____	_____
( ) gas (Ex. CO, H2S)	_____	_____
( ) others (please specify) (Ex. Solvents)	_____	_____
□0 Physical Hazards:		
( ) noise	_____	_____
( ) temperature/humidity	_____	_____
( ) pressure	_____	_____
( ) illumination	_____	_____
( ) radiation/ultraviolet/ microwave	_____	_____
( ) vibration	_____	_____
( ) Others (Please specify)	_____	_____
□0 Biological Hazards:		
( ) Viral	_____	_____
( ) Bacterial	_____	_____
( ) Fungal	_____	_____
( ) Parasitic	_____	_____
( ) Others	_____	_____
□0 Ergonomic Stress:		
( ) Exhausting physical work	_____	_____
( ) Prolonged standing	_____	_____
( ) Excessive mental effort	_____	_____
( ) Unfavorable work posture	_____	_____
( ) Static/monotonous work	_____	_____
( ) Others, specify	_____	_____

Submitted by:

HFlores LIC NO. 0642782
HERSHE S. FLORES / R.N.
Medical Personnel/Title

AUGUST 26, 2014
Date

Noted by:

RODELIA P. ALFONSO
Vice President & CFO